

09/674,815

6-7-04

	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		1		1		
4		3		3		
5		1		1		
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9		1		1		
10	1		1			
11		1		1		
12		1		1		
13		3		3		
14		1		1		
15		3		3		
16		3		3		
17		1		1		
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TOTAL IND.	2	1	3	1	4	1
TOTAL DEP.	23	29				
TOTAL CLAIMS	25	32				

	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.		1		1		1
TOTAL DEP.						
TOTAL CLAIMS						

BEST AVAILABLE COPY

*NOTES: 1. IF THE CLAIM IS NOT PAID, THE CLAIMANT SHALL BE RESPONSIBLE FOR THE COST OF THE CLAIM.